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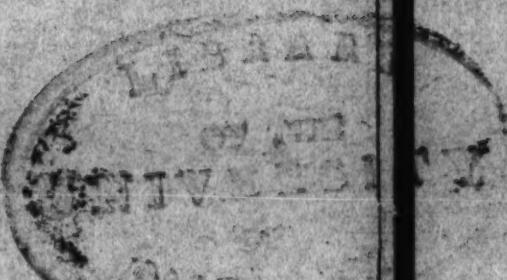
NO. 5

THE CALIFORNIA ECLECTIC MEDICAL JOURNAL

Incorporating
THE LOS ANGELES JOURNAL OF ELECTRIC MEDICINE
AND THE CALIFORNIA MEDICAL JOURNAL
ISSUED MONTHLY

MAY, 1921

O. C. WELBOURN, A. M., M. D., Editor
819 Security Building, LOS ANGELES, CAL.



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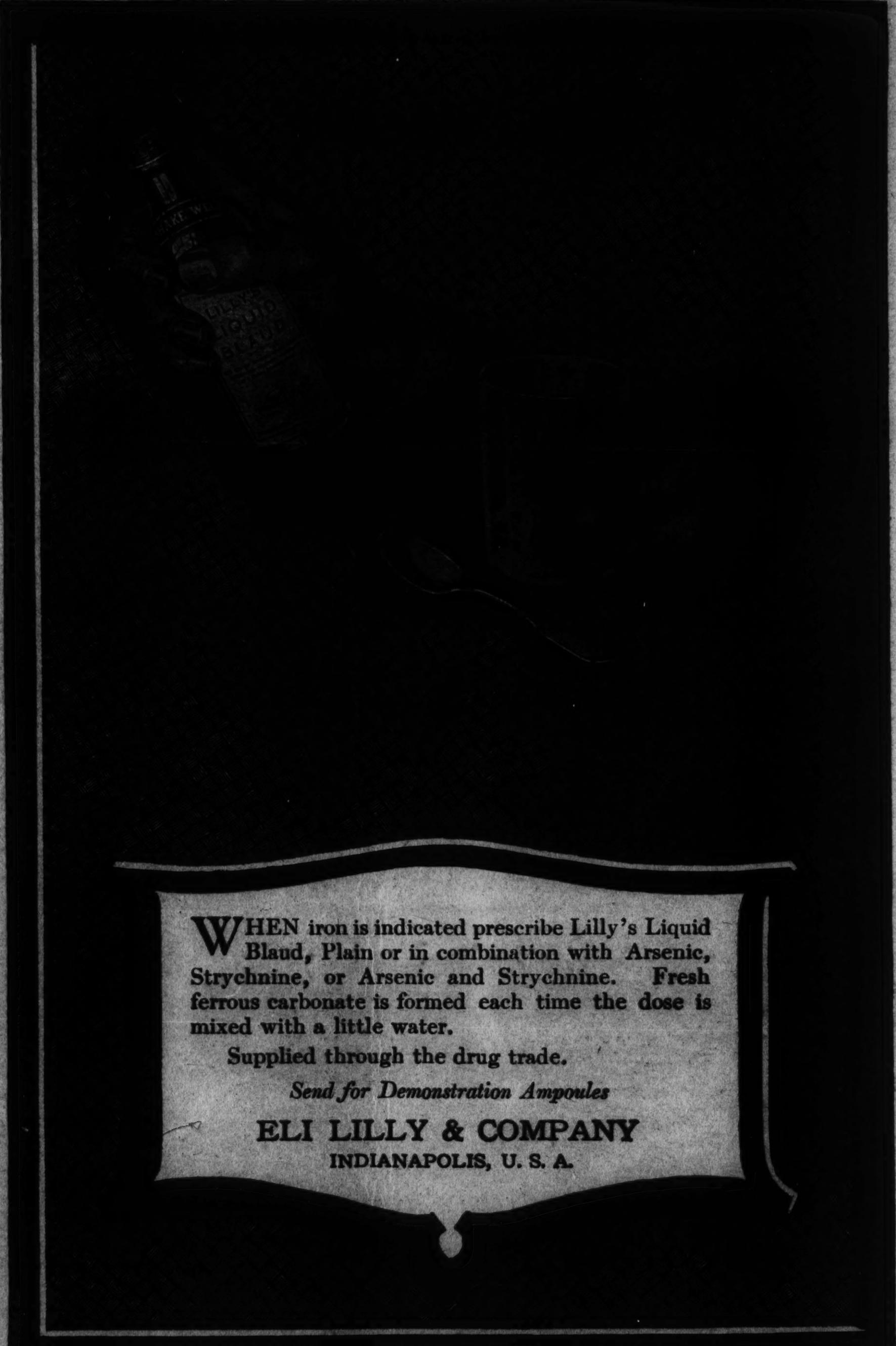
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The California Eclectic Medical Journal

Vol. ~~XLI~~ ^{XIV}

MAY, 1921

No. 5

:: Original Contributions ::

THE USE OF ALTERATIVES IN CATARRHAL BRONCHITIS AND PNEUMONIA

Dr. J. C. Reinsmidt, Los Angeles

Read Before the Los Angeles Eclectic Medical Society.

My object in writing on these diseases is that I have had marked success in their treatment thus far, a fact which I attribute to the alterative form of remedies which I have used, and which I find are not in general use in the treatment of these diseases. As we all know the disease in the active stage I will not take the time to go into the cause, diagnosis, etc., but speak at once of the treatment.

One very successful remedy is Specific Phytolacca. I follow its special indication such as its alterative effect on the lymphatic system, as a toxic condition is found in all catarrhal forms of bronchial and lung diseases. It is certain that phytolacca in all these cases is a sure remedy to bring about excellent results. Another alterative that has been of much value in my treatment is cal. iodide or Brown's mixture of lime, each tablet containing 1/3 gr. This form I've used on all bronchitis and pneumonia patients. In cases of children it has proved especially good, as it tends to keep the abnormal secretions light and free, and the air passages clearer, so that respiration is less labored and frequent. It may seem a routine treatment to give this but it has always proved efficacious in acute forms of these diseases. Still another alterative of value in adult cases is alcresta ipecac, because its action is very good in overcoming any toxic condition in the intestines. It is noticeable that patients often can not expectorate freely, and most of the catarrhal sputum is swallowed, which causes an abnormal temperature and other unpleasant symptoms, as gas in the intestines, etc. The alcresta ipecac has a laxative action as well as anti-toxic effect on the intestines. I give two or three of the five-grain

tablets between the hours of 6 o'clock and 11 o'clock every evening. In very old people this has proved the best remedy in catarrhal pneumonia. I have just had as a patient a lady of 72 years, with catarrhal pneumonia, and her recovery has been most satisfactory. Externally I use Lloyd's Libradol on chest and back, changed every twelve hours, or oftener in fever.

SPECIFIC MEDICINE ACONITE

H. Ford Scudder, M.D.

Specific Indication: "The small, frequent pulse."

Aconite is a stimulant to the sympathetic nervous system, strengthening the heart action, increasing its power to propel the blood, and placing the blood vessels in a better condition for the passage of the blood stream. It is indicated in marked enfeeblement of the circulation; for the small, frequent pulse, the hard, wiry pulse, the frequent and easily compressed pulse; hot dry skin, sudden arrest of secretions, elevated temperature, and chilly sensations along the spine. It is indicated in the beginning of acute inflammation of any organ, with suppressed secretions; at the start of protracted fevers, especially the eruptive fevers, and in the beginning of local inflammations where the mucous membranes are involved, the mucous secretions being suppressed or perverted, as in bronchitis, gastritis and enteritis. It is the remedy in the beginning of any fever, and is especially the fever remedy for all diseases of children. Use it in acute congestion or inflammation of the brain, spinal cord or meninges; in cerebro-spinal meningitis in children, combined with Specific Medicine Gelsemium. Use it for chill as well as for simple fever, but always remember that Specific Medicine Aconite is to be used in small doses, gtt. iii—iv in $\frac{3}{4}$ iv of water, giving the mixture in teaspoonful doses.

Aconite is also strongly indicated in measles, smallpox or scarlet fever, with hot, dry skin, excited circulation and marked rise in the temperature. Here it aids in developing the eruption, controlling the fever and placing the skin in a good condition. In these cases, use it in combination with Specific Medicine Belladonna. Use Aconite in the early stages of pneumonia and pleurisy; in the beginning of diphtheria, and in amenorrhea from acute cold, with increased temperature. In acute tonsilitis, pharyngitis and laryngitis Aconite has a specific influence, both local and constitutional. In croup, especially catarrhal or spasmodic croup, small doses are very effective. In the treatment of inflammations of

the serous or mucous membranes, in acute gastritis, gastric fever and acute enteritis, it is an essential remedy. In the treatment of diarrhea, dysentery and cholera infantum, it is one of our chief remedies. Here we generally combine it with small doses of Specific Medicine Ipecac. Aconite is valuable in all bowel troubles of an inflammatory character, especially those resulting from cold; in the treatment of rheumatism and rheumatic fever, especially pure inflammatory rheumatism. Combined with Specific Medicine Phytolacca, use it in acute mastitis, prostatitis and acute orchitis.

SPECIFIC MEDICINE BELLADONNA.

H. Ford Scudder, M.D.

Specific Indications: "Dull face, dilated pupils, dullness of mind and tendency to sleep, impaired capillary circulation of the skin."

Belladonna is a powerful stimulant to the capillary circulation and to the vasomotor nerve centers. It equalizes the circulation, overcoming and preventing local hyperemia. It is indicated in all acute disorders where the patient is dull and drowsy, with dilated pupils, face expressionless, cerebral congestion, cold extremities, and sluggish capillary circulation. Though not a sedative, it is usually combined with Specific Medicine Aconite or Veratrum. Belladonna antagonizes congestion.

When using Specific Medicine Belladonna, it should always be borne in mind that the best results are obtained from small doses. The following prescription I have found very effective: Specific Medicine Belladonna, gtt. v—x; water $\frac{3}{4}$ iv. M. Sig. A teaspoonful of the mixture hourly.

Belladonna is indicated in the beginning of all inflammatory conditions, in diphtheria, tonsilitis, croup, bronchitis and peritonitis. Combined with the proper sedative it stimulates the capillary circulation to the parts, preventing acute local congestion. It is an excellent remedy in erysipelas, where the surface is free from vesicles and the skin presents a deep dusky red appearance. It is useful in typhoid fever, preventing congestion of the mucous membrane and glands of the intestine. Use it in cerebral engorgement and meningeal inflammations, spasmodic cough, asthma, and the latter stages of whooping cough; in all spasmodic conditions with sudden onset, preceded by earlier stages of drowsiness and flashes of fever. In the eruptive fevers it quickly determines the eruption to the skin. Use it especially in scarlet fever, as it promotes exfoliation, assists elimination, and has a decidedly beneficial effect on the temperature. Where ret-

rocession has occurred, Belladonna is the best remedy we possess for restoration of the eruption. In small doses it is regarded as a prophylactic against scarlatina.

Belladonna is useful in congestive neuralgia, in headache from fullness of circulation in the brain, in dull, frontal headache, with cold extremities, and tendency to sleep. It is most useful in incontinence of urine, especially in children, due to enfeebled pelvic circulation or spasms of the bladder. In nephritis it is useful in overcoming the increased renal blood pressure and engorgement of the capillaries; also in diabetes insipidus, with cold extremities. Either alone or combined with small doses of Specific Medicine Nux Vomica, for its general stimulating effect, I have used Specific Medicine Belladonna with marked success in nervous patients with lowered vitality, low blood pressure, cold extremities. Belladonna is also valuable in cases where it is necessary to retard the secretion of milk in the lacteal glands.

AUTO-HEMIC THERAPY

J. S. Hayes, M. D., Los Angeles, Cal.

(Read before the California Eclectic Medical Society.)

Auto-hemic therapy, literally translated self-blood treatment, is a discovery by L. D. Rogers, M. D., Chicago. According to the doctor's own statement, while visiting the European universities and hospitals he became deeply interested in their treatment of cancer. After his return he determined to do some independent investigating with a view to evolving a more successful treatment for cancer. Being a homeopath, he naturally adopted homeopath methods.

His early experiments were made upon his grown son, with the latter's full consent. While the doctor did not succeed in his original purpose, he accomplished a much more important result. He developed a therapeutic measure which, as a routine treatment, without being a nosological specific or a nasal offense, probably more nearly approaches universal application than any other so far presented to the profession as yet, the indication limits do not appear to be clearly defined.

The reports of fifty practicing physicians in widely separated locations for the year 1918, and covering nearly 200 named diseases, would indicate that auto-hemic has a wide range of application, and also that it is harmless to the patient, except possibly through gross carelessness in technique. Questionnaires were mailed to fifty other physicians using auto-hemic therapy, but they were too busy with the "flu"

to report. Subsequently they sent reports confirming the previous reports.

The essential apparatus consists of a still, an electric incubator with rheostatic control, a dozen ounce bottles with ground glass stoppers, a hundred labels which, by means of cc. marks on edges convert the vials into graduates; a graduate of 25 cc. capacity, one 2 cc. Luer syringe, one 5 cc. Luer syringe, one dozen inch slip needles, one gallon bottle with siphon hose, nozzle and cut-off, and one book of hemoglobin test papers. Use any sterilizer from fifty cents to hundreds of dollars, according to your fancy and purse. A fifty-cent granite pan and the family oven answer every requirement. My preference is a pressure cooker at a cost of about twenty dollars. It does the work thoroughly in five minutes. The same utensil may be used in the family culinary department, rendering dry beans, old hens and bull neck tender as young chicken in forty minutes without losing any flavor or aroma. At the time I invested, Dr. Rogers' terms for the course on instruction and outfit (except sterilizer) were \$100. I understand he now asks \$150.

The treatment is given intravenously, and to one accustomed to that method and homeopathic potentization, the technique is simple enough.

Blood is drawn from a vein rendered prominent by compression, incubated, potentized and re-injected into the same or another vein. Generally one of the basilic veins is most convenient, though I have at times used veins on back of arm, on wrist, hand, foot, leg and occasionally on inner aspect of the thigh. Sometimes have found it advantageous to soak hand or foot in hot water before applying tourniquet. Nothing is added to the blood but distilled water, and nothing taken from it except that the color disappears through dilution at the 4x or 5x potency.

If the operation is properly performed, the patient experiences no pain or discomfort, except the mere prick of the needle through the skin, and even that may be obviated by a local anaesthetic.

Usually there is a mild reaction for 24 to 48 hours, sometimes assuming the form of lassitude, sometimes a disturbed sleep, sometimes an achy feeling as of mild grippe, occasionally an intensifying of the prevailing disease, followed by a sense of well being.

To conserve your time for consideration of more valuable papers, the writer will endeavor to limit himself to the brief statement of a few facts in his personal experience, from which you can make your own deductions.

One of the early cases was varices of the leg of sixteen

years' duration, with recurrent phlebitis at upper inner aspect of the thighs, alternating every two weeks, characterized by a temperature of 103 to 104, excruciating pain, exquisite tenderness to touch, and laying him off work for three to four days. Thought I had cured it by injections of subculoyd lobelia, which would abort the attacks and enable him to return to work the next day. A year later, however, they reappeared under stress of overwork and some dissipation.

Since the first auto-hemic treatment, nearly two years ago, there has been no return of the seizures, although he has been subjected to heavy strain from unaccustomed hard work and unusual exposure. Took several subsequent treatments as a prophylactic. No reactions. A recent case is a strong, well nourished German lady of 35 with varicose veins of the legs. Varices as large as my thumb, with knots size of an ordinary English walnut. The discomfort and pain incident to ten hours of work on her feet was rapidly sapping her strength and vitality. After twenty auto-hemic treatments veins reduced to size of small lead pencils and knots to size of small filberts. Does her work with ease and comfort. Has discarded bandages. Another recent case is also a well nourished, vigorous German lady of sixty. Mother of a large family. Has a pair of varicose ulcers of twenty years' duration which would take the blue ribbon at an exhibition. The right one extending from internal malleolus to middle of calf and almost completely encircling leg above ankle. Can endure no application but a mild resorcin ointment. Result of eleven auto-hemic treatments negative, except to modify discharge of pus and blood.

Three cases of epilepsy, grand mal type. A married lady of 35, ten years' duration, with marked indications of approaching mania. Mental abberation appeared immediately after a violent spasm some time previously. After first auto-hemic treatment only frequent petit mal until seventh treatment, when mania was fully developed; not violent. She was taken to psychopathic ward, thence to a state asylum. Later I heard that her husband had taken her home with mania and epilepsy in modified form. Presumably due to bromides. Another lady of 73, delicate and senile. History of ten years' seizures, from weekly to bi-monthly. Much modified with subculoyd lobelia. Fifteen treatments reduced violence and frequency. Then Harrower's No. 2 was exhibited and no attacks for two months.

Gentleman of fifty. Strong, well developed muscles. Painter by trade, with classic gum line, and has been treated for lead poisoning. Grand mal of severe type, besides frequent petit mal attacks. Sixteen treatments with negative

results. Organo-therapy ditto. Have arranged to treat him with Harovitz' proteogens.

Lady of 71 with from six to twelve attacks of asthenic diarrhoea annually for several years. Temperature subnormal accompanied by more or less colic. Last seizure May, 1919, following chill from exposure; was the worst attack she ever had. After partial recovery, began the auto-hemic therapy. The reaction from the first three treatments assumed the form of a mild diarrhoea for forty-eight hours, without colic. Since then not a trace of the old trouble. I have also used this treatment in cases of tuberculosis, cancer, hemiplegia, etc., with varying results.

Many physicians report 50 to 150 cases with 90 to 95 per cent cures. Several with no failures. The secretary of the Auto-Hemic Association sums up the average of fifty physicians for a year with the words, "85 per cent cured or greatly benefited." Of course such a statement is too vague to be satisfactory. I have not been so fortunate and cannot report over 50 per cent of cures. Possibly through personal inefficiency or because of the advanced stage of the disease in many patients. Among the lessons I have learned in auto-hemic therapy are:

1. Never use it in acute conditions unless you want a violent reaction; or, if used, not lower than the 12x or 15x potency and never more than 1 cc. at a treatment.
2. That an increase in hemoglobin is not an infallible index of improvement in the original condition. For instance, in a cancer case the percentage rapidly rose from 40 to 100 per cent, yet the disease was insidiously making progress.
3. Reaction is not essential to success. Several cures never had a reaction.
4. In extremely sensitive or debilitated conditions I find 8x or 10x a better treatment than the lower potencies.
5. The remarkable and sudden increase of vigor and "pep" so frequently reported has not as yet characterized a solitary case in my hands. The return to ordinary health is common in successful cases.
6. Better to select cases carefully than to jump at an experiment. Better to turn down a questionable case than to damage both reputation and purse by failure.
7. As to time invested. Incubation requires none of your time. It is done while you work, eat and sleep. Potentization requires from one-half hour to one hour, according to potency, and you can potentize four vials at a time. No more office time is required in the actual treatment than in dispensing an ordinary prescription.

THE CALIFORNIA ECLECTIC MEDICAL JOURNAL

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OUR SOCIETIES

It is springtime and the call of the open is upon us. Some of us will go into the country for the summer, but most of us will have to be content with a week-end now and then. In answering the call for a change, it should be remembered that the desired end can be attained by ways other than just idleness. For instance, the time for the annual meeting of our various medical societies is at hand. Some there be who find attendance at a medical society meeting pleasurable as well as profitable. Probably such has been your experience, and, if so, well and good. If not, try it again on a dare.

The Society Calendar appears elsewhere in this issue.

PLANT CONSTITUENTS AND MEDICINES

John Uri Lloyd and John Thomas Lloyd, Cincinnati, O.

Friends of the Society:

The lesson of the evening will be given chiefly by experiments illustrating the fact that fundamental dissections of constituents can be made in plant preparations by the mere changing of an extractive menstruum. It might also be argued by a thoughtful observer that inasmuch as diametrically opposite substances are taken from a plant that, in each experiment is identical at the start, a mixture of the different solvents would be capable of abstracting the entire content of the drug.

This, however, on consideration of the influences of each menstruum on the material opposed to its affinities, will be seen at a glance to be erroneous. For example, a substance soluble in alcohol and insoluble in water will but partially dissolve in a mixture of alcohol and water, the amount of alcohol in which it will dissolve perfectly being insufficient to dissolve it when water is mixed therewith. Indeed, if the proportion of water be great, the material may become practically insoluble in a mixture that carries alcohol enough, without the water, to perfectly dissolve the substances operated upon.

The same rule applies to the water-soluble constituents. If, for example, a gum perfectly soluble in a given amount of water be digested with a mixture of alcohol and water, the water being in the same quantity, the gum refuses to dissolve completely. As the alcohol proportion increases the gum in solution decreases, until finally, if the alcohol be in sufficient amount, although all the water is present in the mixture, but very small amounts of the gum are dissolved.

In these directions it will be comprehended that a mixture of solvents refuses not only to dissolve and hold in solution a material soluble in each constituent, but actually refuses to abstract them, even though the separated portions of the menstruum would dissolve each constituent completely. Hence it is that an attempt to carry into any pharmaceutical preparation of the total product, gums, resins and other constituents of a plant, results in failure. Indeed, a preparation made with this object in view, on the theory of representing the total soluble content of a drug by a single pharmaceutical product, is both hypothetically and practically erroneous.

Examples of this fact may be offered by making a more or less saturated solution of salt in water, and of resin in

alcohol. On mixing these two liquids, it will be discovered that they immediately precipitate. When the reaction is over it will be found that the alcohol which held the resin in solution has precipitated much of the salt that had been dissolved by the water, whilst the water that held the salt in solution has precipitated much of the resin that had been dissolved by the alcohol. It will be shown by further experimentation, in which a mixture of salt and resin is employed, with diluted alcohol and water in the proportion of the previous experiment, that but a small amount of either salt or resin will be taken up by the mixed liquid.

I may as well again, as I have so many times in the past, in the lessons brought before this society and the classes that have honored me by listening to my remarks, attack the argument so constantly made by parties who are not conversant with the pharmacy of vegetable materials. The counter-argument I am making is to the effect that whoever asserts that a given menstruum, pound to pint of any drug, whatever, carries the total soluble content of that drug, is, to put it very kindly, talking at random. It is impossible to thus combine, in a pound to pint product, the oils, fats, resins, alkaloidal structures, gums, albuminates and inorganic materials (the principal members of which, in varying proportions, exist in every drug, and are of discordant qualities) and to carry these materials in solution in a permanent form into the final product.

To put it more concretely, the fat and resin of the drug will not dissolve in the water of the menstruum; the gum and albuminates and often much of the sugar of the drug will not dissolve and stay in solution in the alcohol. Nor will a mixture of the two dissolve the amount either would take up of gum (water) and resin (alcohol). As shown by my experiments, published in the American Journal of Pharmacy, 1884, it would require an enormous amount of alcohol to abstract the water-soluble materials present in one pound of macrotys. At a certain point the resin has been practically abstracted; the alcohol having but a very slight solubility power over the other extractives of the drug, the process of percolation might be carried almost indefinitely without increasing the amount of material present in the percolate.

Let me repeat. In my opinion the man who claims that a one-menstruum preparation, pound for pint, carries the entire soluble content of a complex drug challenges such facts as have come under my observation. He might, however, properly state that the menstruum carried the therapeutic

qualities of the drug, if the therapeutic qualities depend upon some one constituent or family of constituents soluble in the final menstruum. A study in this direction is, in my opinion, a much neglected opportunity in galenical pharmacy.

With the foregoing statement, the conclusions of which must be understood by all my hearers, I propose now to bring before you, in such a way as to make visible, experimental facts to corroborate the statements made in these preliminary remarks. The experiments will be presented and conducted by my son, John Thomas Lloyd, who in our laboratory has made a series of careful experimentations in this and other related directions, of which those presented are but a fragment.

Before us we have four cylinders, 500 cc. each. No. 1 contains alcohol, No. 2 water, No. 3 liquid petrolatum, and No. 4 diluted acetic acid. All are colorless and transparent.

My assistant now holds before you a branch of the tree known as red beech tree, the matured leaves of which appear to be black in color. These leaves contain different materials associated, some soluble in liquid petrolatum, others in water, others in alcohol and others in diluted acetic acid. There seems not to be either red or green present in these black leaves, in which connection I will remark that red and green mixed in proper proportion, as nature mixes them in the leaves of this plant, make a black compound. I will now ask my assistant to apply an experimental process that will dissociate the constituents of these leaves in such a way as to put the separated products thereof into these different liquids, in order that you may see the process exemplified. Let us therefore hang twigs, each carrying a few leaves of this tree, so that they are, respectively, submerged in the upper part of each of the liquids, and I shall ask you, as these cylinders stand before your eyes, to note the result. If the Society will resume its deliberations, concluding remarks will be made after the reaction has progressed sufficiently to permit the color changes to be thoroughly comprehended. (Interval of some hours.)

In concluding this lesson I call to your attention the reaction that followed the experiment. You notice that the liquid in cylinder No. 1, alcohol, very soon began to turn green, and that this green color increased in intensity until it finally became a deep, transparent, emerald green.

Cylinder No. 2, water, has retained its natural color, there seemingly being no change in the liquid. The liquid in cylinder No. 3, liquid petrolatum, is likewise transparent,

seemingly not being affected. You will have noticed that the liquid in cylinder No. 4, diluted acetic acid, began very quickly to turn red, and is now a deep red color, these reactions having occurred with the four menstruums selected for this experiment. Others might have been added with characteristics just as pronounced.

Let us first consider the extremes, cylinder No. 1 and cylinder No. 4. The mixture of the constituents of these two liquids produced the black color observed in the black beech leaf, that abstracted by alcohol being green, that by diluted acetic acid being red. The theory of the solubility of these substances, to the effect that the chlorophyl (green) of the leaf is soluble in alcohol, and the red coloring matter (unnamed) is soluble in the diluted acetic acid, is supported by the facts. Seemingly the green of the leaf is perfectly insoluble in the diluted acetic acid, and the red of the leaf perfectly insoluble in alcohol, the demonstration of which needs be established by further research, it being likely that traces of red are present in the alcoholic solution, and of green in the diluted acetic acid.

In contrasting the appearance of experiments Nos. 2 and 3, one would be struck with the apparent fact that these menstruums have neither dissolved anything from the leaf nor have been affected thereby. Let us, with the water liquid, make an experiment, which my assistant will now present, and which I believe will demonstrate that such a view is erroneous, and that a soluble colorless material has been taken from the same leaves that gave such different products with alcohol and diluted acetic acid.

My assistant pours the water from this cylinder (No. 2) into the beaker he holds in his hand, and drops into it a diluted solution of ferric chloride. Note that the liquid immediately turns dark, then black, demonstrating the presence of a something possessed of pronounced qualities. In connection therewith I will state that this material is a form of tannin, a substance that in some modification is present in practically all natural complexities of vegetable tissues and which has the quality of turning black with both ferrous and ferric compounds.

In No. 3 I ask you to note that for one-third the distance down it has become milky, this milkiness resulting from the presence of minute amounts of water, which has penetrated into the liquid and been precipitated as an emulsion. However, accompanying this water we have present fat and oil, both colorless, neither of which can be shown by a simple lecture-room experiment.

Conclusion: Let us now rest this lecture with the conclusion, which I hope will carry the lesson proposed thereby. The demonstration is not intended to be spectacular or entertaining only, but to carry to you certain fundamental facts connected with plant pharmacy. The underlying features, in my opinion, are very essential to whoever begins to think in the direction of this very complicated subject, a summary of the problem before us being to the effect that the discrediting of fluid extracts as a class by the physicians of America, a fact apparent to all thoughtful pharmacists as well as physicians, is due, in part at least, to the neglect of research opportunities such as are herein introduced, as well as to the illogical attempt to embrace in a single menstruum antagonists that refuse to associate even in the plant. Such as these not only have no affinity for each other, but have antagonisms that, if forced into company with each other, result in the throwing of the weaker out of solution by the stronger, or in eliminating interlaced portions of both locked in mutual embrace.—National Quarterly.

PROCTITIS AND ITS THREE SECONDARY SYMPTOMS: PRURITUS ANI, HEMORHOIDS AND FISSURE

By J. D. Albright, M.D., Philadelphia

Broadly speaking, all persons afflicted with any form of rectal disease have proctitis, meaning congestion, inflammation, and, unless atrophic degeneration of the mucous membrane has set in, hypersecretion.

In the consideration of this subject, let it be understood that the chronic form of proctitis is referred to, eliminating all degrees of acute proctitis, due, as they are, to various temporary, transitory causes, and, as a rule, contributing but slightly to the practice of the specialist in rectal diseases.

Chronic proctitis, generally designated as chronic rectal catarrh when patients request a diagnosis, co-exists with peri-proctitis in practically all cases deserving the term chronic. It is to this that many of the pains in the sacral region, buttocks and thighs are due. The proctitis itself, that involving more especially the mucous membrane and connective tissue, is responsible for the line of symptoms which develop in the sigmoid-rectal region, the rectum and anal canal. These are due to structural changes which result from an excessive blood supply always present in congestion

and inflammation and all of them are hypertrophic in character.

Proctitis, in the developing stage, goes on for years before the victim becomes aware of its presence other than an occasional manifestation, acute in character. This is generally referred to as "an attack of piles" and is usually forgotten after it subsides. As a rule, these occasional reminders of the presence of some persistent abnormality pass off under the influence of a sedative suppository, the routine recourse of the average practitioner. A suppository containing $\frac{1}{2}$ grain of extract of opium, $\frac{1}{3}$ grain of extract of hyoscyamus and 2 grains of acetanilid is quite efficient.

When persons thus afflicted are fortunate enough to come under the care of a physician who is alive to the importance of treating rectal diseases properly, treating none except after a thorough digital and ocular examination, the results are always satisfactory. When they fall into the hands of a non-examining prescriber of salves or suppositories, they will continue in their condition and suffer all the consequences of progression and neglect. Sooner or later something develops and they will either find the right man or become confirmed invalids.

The pathology of this condition and the reasons for the development of three such widely differing secondary symptoms are briefly these, a full consideration being impossible in the space at my disposal.

Inflammation follows irritation and congestion, the primary symptoms being heat, pain and swelling, no matter where it occurs. But in the rectum, considerable abnormalities may exist before the subject becomes aware of them. This is due to lack of sensory nerve endowment, as is well known. The discharge of mucus in rectal inflammation results from hypersecretion due to the congested membrane, and, later on, the adjacent tissues. Just as secretion occurs from the mucous membrane in the interior of the rectum, so also a secretion gathers and escapes from the external or body side of the mucous membrane and adjacent tissues. Ordinarily this would be termed serum or a muco-seroid fluid, but in this instance there seems to be an irritating acridity present that excoriates the anal skin as it travels downward, by gravity, and exudes through the anal integument. Victims of pruritus will always attribute the moist condition to perspiration, but this is not correct. Anyone who has ever seen a true pruritic anus, with its folds wet, enlarged, raw, excoriated, looking like the result of a severe scald, with a red, angry crescent on each side of it, extending half way

across the buttock, may well understand that perspiration never caused such devastating destruction. This acrid fluid, as all substances do, travels in the direction of least resistance; so naturally it finally reaches the anus and surrounding tissues. Even here its progress is not entirely stopped, as under pressure of the continued gravitation of the fluid, it is forced forward into the scrotal region, backward toward the spine or in any other direction. The evidence of this exists in the presence of channels running under the skin toward distant itching points just as they also exist in the rectal wall.

The treatment of pruritus ani has always been a stumbling block to physicians, and in one hundred years no progress along this line had been made until the true pathological condition was recognized and understood. The credit is due to Dr. A. B. Jamison, of New York City, whose researches, investigations and observations were rewarded in 1901 by the discovery of the conditions as I have described them. It was my good fortune during the several years following to assist Dr. Jamison in the treatment of many patients; also to demonstrate the correctness of his conclusions by X-ray photographs, many of which are still in my possession. These photographs and my many years' experience in the treatment of true pruritus ani, by the only method indicated by pathology, must dispel every last remnant of doubt that could possibly exist in the mind of any student of the subject. Yet it is amusing—no, it is pathetic—to note with what unanimity many of the supposed leaders of proctological thought ignore this discovery and the successful treatment of this condition. Recent new editions of books on rectal diseases, written by men who know me and my work, men who know that I have repeatedly demonstrated the truth of all I have ever said on the subject by living clinical proof, absolutely fail to make the slightest reference to the matter. These men, proctologists (!), still refer to pruritus ani as a neurosis, and upon the bending crutches of hypothetical inferences offer as remedies an array of obsolete drugs, useless practices and advice to "discover and remove the cause." All of which is but a painfully apparent confession of helpless empiricism.

Treatment

Pruritus ani can be cured only by draining the products of inflammation out of the rectal, perirectal and anal tissues, and proper treatment of the inflamed areas, restoring normal conditions, thereby avoiding further trouble because of the secretion mentioned.

First, the drainage. At various points about the anus the existence of underlying channels is indicated by spots especially excoriated. These are usually between anal folds. Into one of these 10 to 15 minims of a 1 per cent. apothecine solution is injected in the usual manner. This will give perfect anesthesia in one minute. With a knife cut through the skin and underlying connective tissue, the cut being about $\frac{3}{4}$ -inch in length. A silver probe is now taken and after a little search the channels can be located, upward into the rectal walls, or, as previously stated, in any other direction. No regularity can be looked for, as no portion of the anal tissues is exempt.

After a thorough exploration a little normal salt solution may be used to irrigate; but this is not necessary, although I formerly irrigated all cases. The opening is packed lightly with gauze and a dry dressing applied. The secretion will continue for seven to ten days, will always color the packing yellow, and has a sickening odor, similar to the one noticed in the supposed perspiration of these parts, as already noted. Nothing is done but to treat the cut as an ordinary wound. It will gradually heal—never saw any infection nor is there ever much soreness. Itching in the quadrant embraced by the cut ceases at once. Other cuts in the three remaining quadrants may be required, depending upon results obtained from the preceding ones.

I have seen pruritus vanish permanently after two cuts; others require more whenever the indication for an opening is present, i. e., the excoriated spot, always located at a point of severe itching.

The treatment of the inflamed tissues themselves, the whys and wherefores of hemorrhoids and fissure must be left for my next paper.—The Medical World.

SOCIETY CALENDAR

National Eclectic Medical Association meets in Colorado Spring, June 21-24, 1921. H. W. Felter, M.D., Cincinnati, Ohio, President; Dr. H. H. Helbing, St. Louis, Mo., Secretary.

Eclectic Medical Society of the State of California meets May 17-18, 1921, Long Beach, Cal. D. A. Stevens, M.D., Los Angeles, Cal., President; Dr. W. E. Daniels, Long Beach, Cal., Secretary.

Los Angeles Eclectic Medical Society meets at 8 p. m. on first Tuesday of each month. C. Ohnemuller, M.D., Los Angeles, President; P. M. Welbourn, M.D., Los Angeles, Cal., Secretary.

Southern California Eclectic Medical Association meets in October, 1921. Dr. Clinton Roath, Los Angeles, President; Dr. H. C. Smith, Glendale, Secretary

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	Club Price.	Rate.
California Eclectic Medical Journal, 819 Security Bldg., Los Angeles.....	\$1.50	\$1.25
Eclectic Medical Journal, 630 W. 6th St., Cincinnati, Ohio	2.50	2.10
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1887—Introduced to the profession by Dr. John King.

1880—A tincture was prepared for the use of investigating physicians, but not advertised, (Lloyd Brothers.)

1894—Label prepared by Dr. Felter giving therapeutic uses.

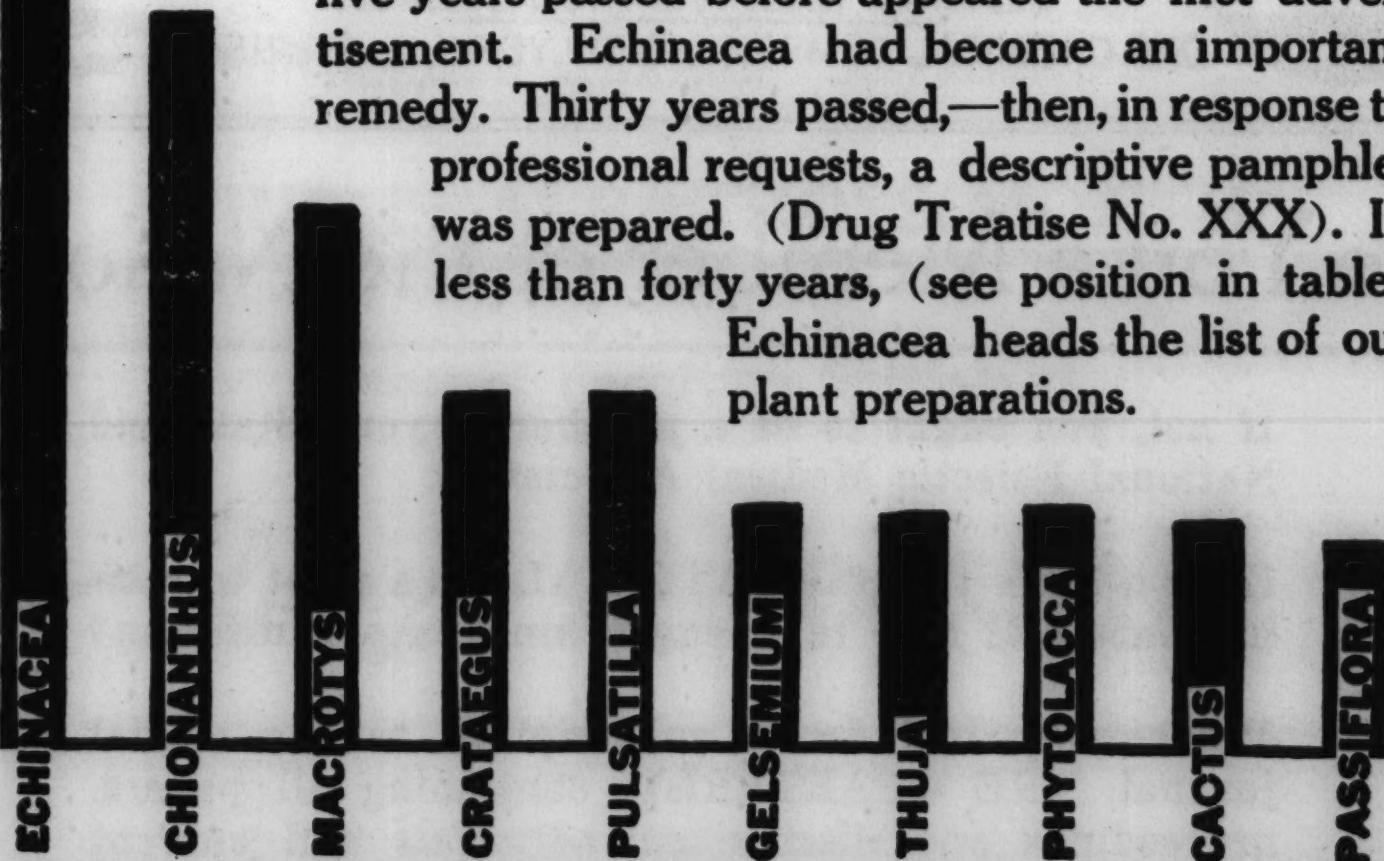
1899—First advertisement in Medical Journal, (Lloyd Brothers.)

1917—First historically descriptive pamphlet, (Lloyd Brothers' Drug Treatise No. XXX.)

1920—Heads the list of plant preparations, Lloyd Brothers' Laboratory, (See Table.)

Summary

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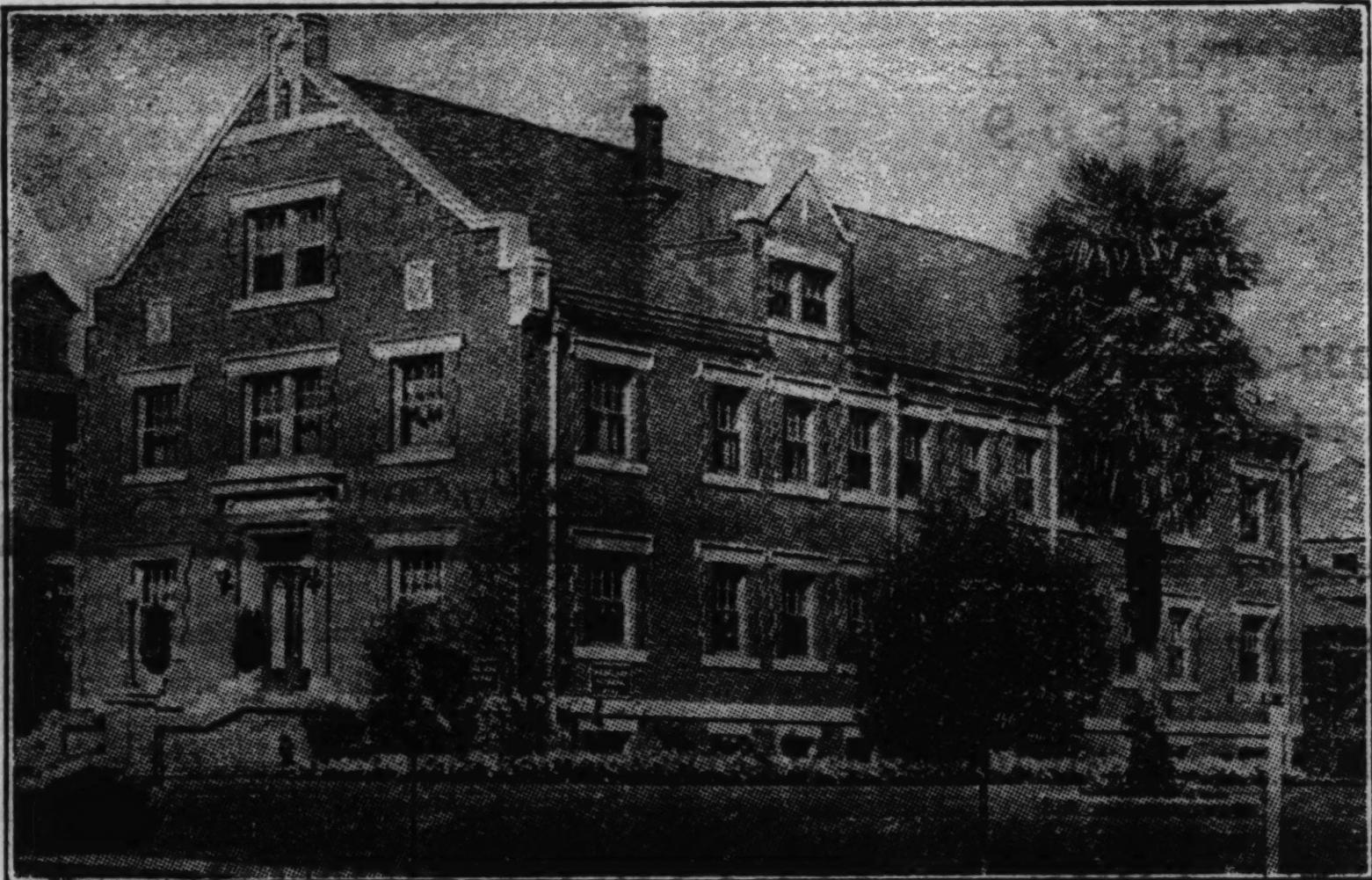
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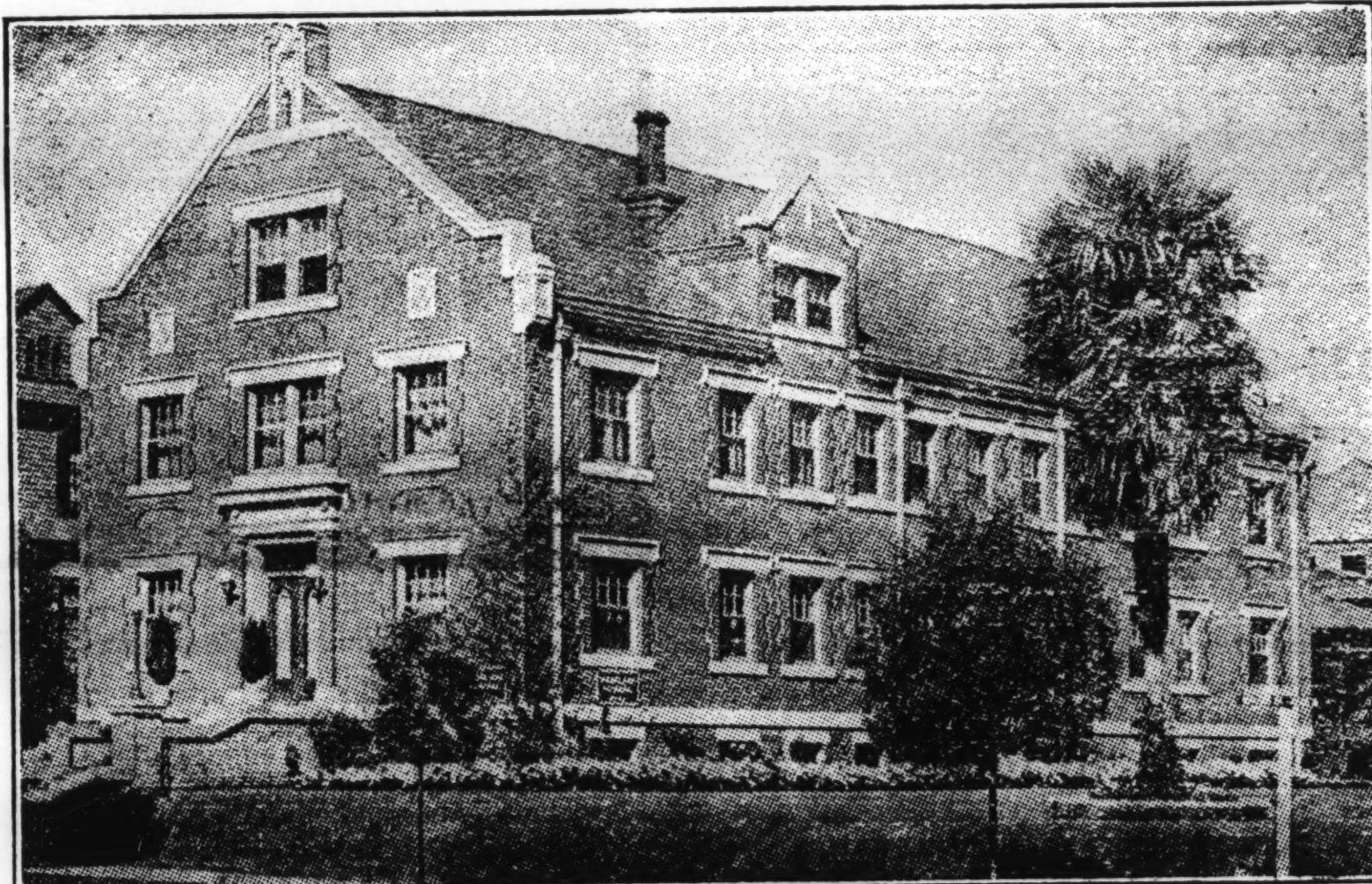
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